



Retail Vendor Incident Report

INCIDENT INFORMATION:

Today's Date: _____
Date of Incident: _____ Time of Incident: _____ AM / PM
Store Name: _____ WIC Vendor ID #: _____
Store Address: _____
Store Phone #: _____ Person making this report: _____
WIC Participant's Name: _____ Family ID #: _____

INCIDENT TYPE:

- ☐ Participant tried to purchase unauthorized food items. What items did they try to buy/return?
- ☐ Participant tried to redeem a pre-signed check or a check outside of the dates to spend.
- ☐ Participant used foul language and/or made threatening comments. Was the participant physically abusive?
Was store security or the local police department called?
- ☐ Other

INCIDENT DETAILS: Please provide as much information about the incident as possible.

ACTION TAKEN: What action did your staff take?

WITNESS INFORMATION:

Witness Name: _____ Phone #: _____
Witness Name: _____ Phone #: _____

Return completed form by mail or fax:

Mail: Maryland WIC Program
201 W. Preston Street, 1st Floor
Baltimore, MD 21201

Fax: 410-333-5683